

## Bureau of Health Care Quality and Compliance

4/14/10

4/14/10  
Poc accepted S. O'Connell/HFS

PRINTED: 03/30/2010

FORM APPROVED

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|---|---|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>NVN2355SNF | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                    | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/16/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ORMSBY POST ACUTE REHAB |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3050 N ORMSBY<br>CARSON CITY, NV 89703   |                    |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE |   |
| Z 000   | Initial Comments<br><br>Surveyor: 23119<br>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 1/8/10 and finalized on 3/16/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.<br><br>Complaint #NV00023989 was substantiated with deficiencies cited. (See Tags Z 230 and Z 291).<br><br>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.<br><br>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. | Z 000  | <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">APR 08 2010</p> <p style="text-align: center;">BUREAU OF LICENSURE<br/>AND CERTIFICATION<br/>CARSON CITY, NEVADA</p> <p style="text-align: center;"><b>DISCLAIMER CLAUSE</b></p> <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p> |                    |   |
| Z230<br>SS=D  | NAC 449.74469 Standards of Care<br><br>A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.  | Z230   | <p><b>Z230 Standards of Care</b><br/>It is the policy of this facility that each resident receives the services and treatment that are necessary to attain and maintain the highest practicable physical, mental and psycho-social well-being.</p> <p><b>Residents with Potential Risks</b><br/>Resident #1 was not harmed by the failure to follow this policy and has discharged from the facility. Residents residing in this facility have the potential to be harmed by the failure to comply with this policy.</p>  |                    |   |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

EXECUTIVE DIRECTOR

(X6) DATE

4/17/10

Bureau of Health Care Quality and Compliance

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| Z230   | Continued From page 1<br><br>This Regulation is not met as evidenced by:<br>Surveyor: 23119<br>Based on record review and interview the facility failed to record the intake and output in accordance with the physician's order written on 12/14/09 for 1 of 3 residents (Resident #1).<br><br>Severity: 2 Scope: 1  | Z230  | <b>Corrective Action</b><br>Licensed staff will be in-serviced on the requirement that physician's orders be followed.  |  |
| Z291<br>SS=G   | NAC449.74487 Nutritional Health; Hydration<br><br>2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to maintain proper hydration and health.<br><br>This Regulation is not met as evidenced by:<br>Surveyor: 23119<br>Based on record review and interview the facility failed to monitor the hydration status to ensure sufficient fluids were provided to prevent dehydration for 1 of 3 residents (Resident #1).<br><br>Findings include:<br><br>Resident #1 was admitted to the facility on 12/11/09 with diagnoses that included dysphagia, congestive heart failure, chronic airway obstructive disease, and urinary tract infection. During a recent hospitalization the resident was diagnosed with esophageal cancer.<br><br>Resident #1 received nutrition and hydration from total parenteral nutrition (TPN) via a peripherally inserted central catheter (PICC) line that was inserted in the hospital. Her admission orders include an order for the TPN to run at 65 cc's per hour. She was NPO (nothing by mouth) on admission. An order was written on 12/12/09, for an intravenous (IV) solution of D10 at 65 cc's an | Z291  | <b>Implemented Measures to Ensure Compliance/Monitoring of Compliance</b><br>Director of Nursing Services or her designee will conduct random audits of the physicians' orders to ensure they are followed every month for three months and will report findings to the facility's Continuous Quality Improvement Committee.<br><br><b>Z291 Nutritional Health; Hydration</b><br>It is the policy of this facility that each resident will receive sufficient fluids to maintain proper hydration and health.<br><br><b>Residents with Potential Risks</b><br>Resident #1 discharged from this facility to acute care. Residents residing in this facility have the potential to be harmed by the failure to comply with this policy. | 4/16/10  |

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| Z291   | <p>Continued From page 2</p> <p>hour for "gentle hydration" until the TPN was delivered to the facility by the pharmacy.</p> <p>Review of the record revealed an order written on 12/14/09, for weekly weights, intake and output each day, and for labs to be drawn weekly. The record noted that the resident was NPO; interviews revealed the resident was offered a trial of small amounts of thickened liquids.</p> <p>Review of the nutrition evaluation dated 12/22/09, revealed Resident #1's fluid needs were estimated to be "approximately 1500 cc," based on 33 cc's per kilogram. The TPN order of 65 cc's per hour would provide the resident with 1560 cc's in 24 hours.</p> <p>On 2/10/10, Resident #1's granddaughter was interviewed and reported she had visited her grandmother frequently in the evenings. She reported she spoke with several nurses regarding her grandmother appearing dehydrated and her need for additional intravenous fluids. These nurses were no longer employed by the facility and were unable to be interviewed.</p> <p>Review of the nurses notes in Resident #1's record revealed the nurses were offering mouth care and oral swabs were kept at the bedside for the resident's comfort. The nurses notes also documented the resident was kept clean and dry.</p> <p>Resident #1's TPN orders specified lab work was to be done. Labs were drawn on 12/18/09 and revealed an elevated sodium of 146; the physician decreased the sodium chloride in the TPN bag from 220 mEq to 200 mEq. The attending physician noted on the 12/18/09 lab report, "I know she is taking thickened liquid, is she taking in enough?"</p> | Z291  | <p><b>Corrective Action</b><br/>Licensed staff will be in-serviced on the following:</p> <ul style="list-style-type: none"> <li>• Following the physician's order to monitor intake and output.</li> <li>• Monitoring for signs and symptoms of dehydration.</li> <li>• Notification to the physician those NPO residents on trials for consuming liquids by mouth.</li> <li>• Documentation of TPN.</li> <li>• Monitoring labs and notifying the physician of abnormal labs.</li> </ul> <p><b>Implemented Measure to Ensure Compliance/Monitoring of Compliance</b><br/>Director of Nurses or her designee will conduct random audits of residents on I &amp; O, NPO resident consuming trials of liquids by mouth, documentation of TPN and notification to the physician of abnormal labs every month for three months to ensure compliance. Findings will be reported to the facility's Continuous Quality Improvement Committee.</p> | 4/16/10   |

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STATE FORM

6899

QXIT11

If continuation sheet 3 of 5

Bureau of Health Care Quality and Compliance

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| Z291   | <p>Continued From page 3</p> <p>On 1/22/10, the physician was interviewed. She reported she knew the resident was taking some thickened liquids, but not very much. She reported she was in the room once when the great granddaughter was there and they were trying to convince Resident #1 to take some thickened coffee. The physician reported the resident wanted real coffee, not thickened coffee. The physician reported she could not recall any of the nurses contacting her regarding the family's concern of dehydration and request for additional intravenous fluids for the resident.</p> <p>Review of Resident #1's record failed to reveal the resident's intake and output was recorded as ordered. The IV Medication record was reviewed and revealed the TPN was documented as given 12/22/09 and 12/23/09. Further record review failed to reveal any documentation of the resident receiving the TPN. The facility was unable to provide evidence that the resident's intake and output had been recorded.</p> <p>Resident #1's labs were drawn 12/23/09. The labs drawn 12/23/09 revealed elevated sodium of 151 (normal range is 136-144), an elevated chloride of 123 (normal range is 101-111), an elevated blood urea nitrogen (BUN) of 37 (normal range is 8-20), and an elevated white blood count (WBC) of 18.32 (normal range is 3.70 - 10.6).</p> <p>Resident #1 was unresponsive on 12/23/09 and was transferred to an acute care hospital after the labs were drawn.</p> <p>The licensed practical nurse (LPN) who called for transport of Resident #1 on 12/23/09, was interviewed. She reported the resident seemed fine on 12/22/09. She reported on 12/23/09 the</p> | Z291   |  |                          |  |

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| Z291   | <p>Continued From page 4</p> <p>resident was not able to sit up or respond, and that she had an elevated temperature of 100.1.</p> <p>Resident #1 was transferred to an acute hospital on 12/23/09. Review of the records from the acute care hospital revealed her admitting diagnoses were listed as sepsis syndrome, respiratory failure, dehydration with volume depletion, prerenal azotemia, and rapid atrial fibrillation. The ER physician noted "she does have very dry mucous membranes." The ER physician noted in the medical decision making section the patient was in atrial fibrillation and "I have a strong suspicion that part of this is due to severe dehydration and thus we are aggressively rehydrating her and resuscitating her here." The resident received two 500 cc boluses of normal saline, followed by an IV to run at 200 cc an hour while in the ER.</p> <p>Review of the Merck Manual for Healthcare Professionals revealed the following recommendation for the monitoring of patients receiving TPN: "An interdisciplinary team, if available, should monitor patients. Weight, CBC, electrolytes, and BUN should be monitored often. Fluid intake and output should be monitored continuously."</p> <p>Severity: 3 Scope: 1</p> | Z291   |  |                          |  |

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